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CONFIRMATION NO. 2405

SERIAL NUMBER 09/193,750	FILING OR 371(c) DATE 11/17/1998 RULE	CLASS 705	GROUP ART UNIT 2764	ATTORNEY DOCKET NO. 10005.914C
APPLICANTS JAMES SCHREITMUELLER, SAN RAMON, CA; GERHARD BLENDSTRUP, LAFALETIE, CA; NASSER SHARIATPANAHY, DANVILLE, CA;				
** CONTINUING DATA ***** This application is a CON of 08/365,520 12/28/1994 PAT 5,839,112				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/15/1998				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		STATE OR COUNTRY CA	SHEETS DRAWING 22	TOTAL CLAIMS 28
Verified and Acknowledged		Examiner's Signature	Initials	INDEPENDENT CLAIMS 3
ADDRESS Ben J. Yorks IRELL & MANELLA LLP 840 Newport Center Drive Suite 400 Newport Beach , CA 92660				
TITLE INSURANCE ESTIMATING SYSTEM				
FILING FEE RECEIVED 1034	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A CON OF 08/365,520 12/28/94 PAT 5,839,112

yes YR

****371 (NAT'L STAGE) DATA*******

VERIFIED

none YR

****FOREIGN APPLICATIONS*******

VERIFIED

none YR

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 12/15/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 22	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 3
Verified and Acknowledged <u>YR</u> Examiner's Initials _____		Initials _____			

SEE CUSTOMER NUMBER: 001034

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TITLE	INSURANCE ESTIMATING SYSTEM
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FILING FEE RECEIVED \$1,034	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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